



Jim Okler, Executive Director
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Mark F. Holdren, Exec. Secretary
 Cell: 517-526-4575

2024-25 Association Membership Invoice

Executive Board

Executive Director:

Jim Okler

Executive Secretary:

Mark F. Holdren

President:

Ron Landfair

1st Vice President

Dave Kowalski

2nd Vice President

Doug Haggart

3rd Vice President

Robert Tubbs

Past President

Darrin Millar

- ⇒ **The MHSCA keeps contact information of coaches for the purpose of verifying membership, ONLY.**
- ⇒ **At the end of your membership drive, forward a digital copy of your complete membership list with the date each member joined to: mholdren@portlandk12.org (Include: name, school and date of each membership sign-up.)**
- ⇒ **THE MHSCA DOES NOT RELEASE ANY CONTACT INFORMATION OF IT'S SPORT ASSOCIATION'S MEMBERS.**
- ⇒ **Use this INVOICE to make payment for MHSCA at the end of your yearly membership drive. 2024-2025 MEMBERSHIP PAYMENTS ARE DUE PRIOR TO JUNE 30, 2025.**
- ⇒ **There will be a MHSCA Dues increase for the 2025-26 Membership Year. (\$9.00)**

PLEASE COMPLETE ALL OF THE INFORMATION REQUESTED BY THIS MHSCA INVOICE AND SEND TO THE ADDRESS AT THE BOTTOM OF THE PAGE.

Executive Committees

Rich Tompkins Multi-Sport Athlete Award

Larry Merx

Service Award

Steve Porter

	# of Members	Total \$
<u>MHSCA Membership Dues:</u>		
\$5.00 per each Individual member of a sport association	\$5 x _____	= _____
Or		
\$3,000 per sport association (600+ members)		= _____
<u>NOCAD Liability Insurance:</u>		
\$6.00 per individual member of a sport association	\$6 x _____	= _____
TOTAL AMOUNT ENCLOSED		_____

Member Associations

MIAAA: Athletic Directors

MHSBCA: Baseball

BCAM: Basketball

MHSIBCA: Bowling

CCCAM: Competitive Cheer

MHSFCA: Football

MIGCA: Golf

MHSGCJA: Gymnastics

MHSHCA: Hockey

MHSLCA: Men's Lacrosse

MWLCA: Women's Lacrosse

MHSSCA: Skiing

MHSSCA: Softball

MISCA: Swimming & Diving

MHSTeCA: Tennis

MITCA: Track & Field /
Cross Country

MIVCA: Volleyball

MWA: Wrestling

ASSOCIATION NAME: _____

ASSOCIATION CONTACT PERSON: _____

ADDRESS: _____

CITY: _____, MI ZIP: _____

E-MAIL: _____

PHONE: _____

Please make checks payable to: "MHSCA"

Send to: **Mark F. Holdren, Executive Secretary**

**854 Marshall Street
 Portland, MI 48875**